

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

\* c. Organizational DUNS:

**d. Address:**

\* Street1:

Street2:

\* City:

County/Parish:

\* State:

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

**e. Organizational Unit:**

Department Name:

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number:

Fax Number:

\* Email:

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

- \* a. Federal
- \* b. Applicant
- \* c. State
- \* d. Local
- \* e. Other
- \* f. Program Income
- \* g. TOTAL

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<p><b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<p><b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
		11.	<p><b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.</p>
2.	<p><b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.                      A. Increase Award      B. Decrease Award                      C. Increase Duration    D. Decrease Duration                      E. Other (specify)</li> </ul>	12.	<p><b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.</p>
		13.	<p><b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.</p>
		14.	<p><b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.</p>
3.	<p><b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.</p>	15.	<p><b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.</p>
4.	<p><b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.</p>		
5a.	<p><b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.</p>	16.	<p><b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5<sup>th</sup> district, CA-012 for California 12<sup>th</sup> district, NC-103 for North Carolina's 103<sup>rd</sup> district.</p> <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
5b.	<p><b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.</p>		
6.	<p><b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.</p>		
7.	<p><b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.</p>		
8.	<p><b>Applicant Information:</b> Enter the following in accordance with agency instructions:</p> <p><b>a. Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</p> <p><b>b. Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</p> <p><b>c. Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> <p><b>d. Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> <p><b>e. Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</p>	17.	<p><b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.</p>
		18.	<p><b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.</p>
		19.	<p><b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the</p>

	<p>assistance activity, if applicable.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>																								
20.			<p><b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>																								
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="151 422 837 911"> <tr> <td data-bbox="151 422 500 449">A. State Government</td> <td data-bbox="511 422 837 495">M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="151 449 500 476">B. County Government</td> <td data-bbox="511 495 837 569">N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="151 476 500 504">C. City or Township Government</td> <td data-bbox="511 569 837 617">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="151 504 500 531">D. Special District Government</td> <td data-bbox="511 617 837 644">P. Individual</td> </tr> <tr> <td data-bbox="151 531 500 558">E. Regional Organization</td> <td data-bbox="511 644 837 672">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="151 558 500 585">F. U.S. Territory or Possession</td> <td data-bbox="511 672 837 699">R. Small Business</td> </tr> <tr> <td data-bbox="151 585 500 613">G. Independent School District</td> <td data-bbox="511 699 837 726">S. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="151 613 500 640">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="511 726 837 753">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="151 640 500 667">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="511 753 837 781">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="151 667 500 695">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="511 781 837 808">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="151 695 500 722">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="511 808 837 835">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="151 722 500 749">L. Public/Indian Housing Authority</td> <td data-bbox="511 835 837 863">X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)	21.	<p><b>Authorized Representative:</b> (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)																										
B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)																										
C. City or Township Government	O. Private Institution of Higher Education																										
D. Special District Government	P. Individual																										
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H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)																										
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K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity																										
L. Public/Indian Housing Authority	X. Other (specify)																										

## **Summary Title Page**

The Summary title page identifies the project's title, starting with the acronym: XXX (if indicated to do so in the FFO) and the Principal Investigator's (PI) name and affiliation, complete address, phone and E-mail information. The requested budget for each fiscal year with and without ship funding should be included on the Summary title page.

Usage of this form is not approved for other program offices.

OMB Approval:0648-0384  
ExpirationDate:12/31/2016

**PROJECT SUMMARY**

The Project Summary (abstract) should include a statement of objectives, methods to be employed, and the significance of the proposed activity to the advancement of knowledge or education. Avoid use of the first person to complete this summary.

**DO NOT EXCEED ONE PAGE.**

## NOTICE

The Project Summary (Abstract) Form, provided at time of application, shall include a statement of objectives, methods to be employed, and the significance of the proposed activity to the advancement of knowledge or education. This information collection shall not be more than one page in length and shall be written in the third person. The summary is used to help compare proposals quickly and allows the respondents to summarize these key points in their own words.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of the collection of information, including suggestions for reducing this burden to the National Ocean Service, CSCOR/COP Office, 1305 East-West Highway, Silver Spring, MD 20910. Grant files are subject to the Freedom of Information Act (FOIA). Confidentiality will not be maintained-the information will be made available to the public. However, unpublished research results shall not be published without prior permission from the recipient.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall, any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

## **Project Description**

**CHECK THE FFO FOR THE INFORMATION THAT SHOULD BE INCLUDED WITHIN THIS REQUIRED ELEMENT.**

## Data Management Plan

Follow the instructions in the FFO for details

## **Milestone Chart**

Provide time lines of major tasks covering the duration of the proposed project.

## **References**

Each reference must include the names of all authors in the same sequence they appear in the publications, the article title, volume number, page numbers, and year of publications. While there is no established page limitation, this section should include bibliographic citations only and should not be used to provide parenthetical information outside of the page limits given above for proposal descriptions.

## **Biographical Sketch**

All principal and co-investigators, including unfunded collaborators making a substantial contribution to the research, must provide summaries of up to 2 pages that include the following:

- (a) A listing of professional and academic credentials and mailing address;
- (b) A list of up to five publications most closely related to the proposed project and five other significant publications.
- (c) Check the FFO for other information that needs to be provided

Additional lists of publications, lectures, and the rest should not be included.

**A list of all applicable permits that will be required to perform the proposed work.**

You must respond to this requirement element whether or not permits are required

## **Evidence of accomplishments from prior CSCOR support**

**OR:**

### **Accomplishments from Prior Federal and/or State Support.**

If any PI or co-PI identified on the project has received federal funding in the past five years for research on HABs, information on the award(s) is required. Each PI and co-PI who has received *more than one award* (excluding amendments) must report on the award most closely related to the proposal and funded by NOAA CSCOR. Accomplishments must be summarized in no more than two pages (total for all investigators) for ECOHAB Targeted and MERHAB Targeted and PCM HAB proposals and four pages (total for all investigators) for ECOHAB Regional-scale and MERHAB Regional-scale proposals, which should follow the Project Description. The following information must be provided:

- a) the award number, amount and period of support;
- b) the title of the project;
- c) a summary of the results of the completed work;
- d) publications resulting from the award;
- e) a brief description of outputs and outcomes; and
- f) as appropriate, a description of the relation of the completed work to the proposed work.

Reviewers will be asked to comment on the quality of the prior work described in this section of the proposal.

- g) **refer to the FFO for other requested information**

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. NOAA CSCOR	11.478	\$	\$	\$ 3,318,550.00	\$	\$ 3,318,550.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 3,318,550.00	\$ 0.00	\$ 3,318,550.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY						Total (5)
	(1) Year one	(2) Year two	(3) Year three	(4) Year four			
a. Personnel	\$ 100,000.00	\$ 100,000.00	\$ 150,000.00	\$ 150,000.00	\$	\$ 500,000.00	
b. Fringe Benefits	33,000.00	33,000.00	49,500.00	49,500.00		165,000.00	
c. Travel	10,000.00	15,000.00	10,000.00	12,000.00		47,000.00	
d. Equipment	0.00	50,000.00	0.00	0.00		50,000.00	
e. Supplies	75,000.00	75,000.00	60,000.00	50,000.00		260,000.00	
f. Contractual	250,000.00	250,000.00	250,000.00	250,000.00		1,000,000.00	
g. Construction	0.00	0.00	0.00	0.00		0.00	
h. Other	50,000.00	50,000.00	50,000.00	50,000.00		200,000.00	
i. Total Direct Charges (sum of 6a-6h)	518,000.00	573,000.00	569,500.00	561,500.00		2,222,000.00	
j. Indirect Charges	95,400.00	111,900.00	110,850.00	108,245.00	Standard Form 108-245.000-7 Prescribed by OMB Circular -97)	426,600.00	
k. TOTALS (sum of 6i and 6j)	\$ 613,400.00	\$ 684,900.00	\$ 680,350.00	\$ 669,950.00	\$	\$ 2,648,600.00	
7. Program Income	\$	\$	\$	\$	\$	0.00	

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<b>SECTION C - NON-FEDERAL RESOURCES</b>					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. CSCOR - (Program Name)	\$	\$	\$	\$ 0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
<b>SECTION D - FORECASTED CASH NEEDS</b>					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 613,400.00	\$ 13,400.00	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 613,400.00	\$ 13,400.00	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00
<b>SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.CSCOR - (Program Name)	\$ 684,900.00	\$ 680,350.00	\$ 669,950.00	\$ 669,950.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 684,900.00	\$ 680,350.00	\$ 669,950.00	\$ 669,950.00	
<b>SECTION F - OTHER BUDGET INFORMATION</b>					
21. Direct Charges:		22. Indirect Charges: 30% of modified direct charges			
23. Remarks:					

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Total of first 4 years	(2) Year 5	(3)		
a. Personnel	\$ 500,000.00	\$ 150,000.00	\$	\$	\$ 650,000.00
b. Fringe Benefits	165,000.00	49,500.00			214,500.00
c. Travel	47,000.00	12,000.00			59,000.00
d. Equipment	50,000.00	0.00			50,000.00
e. Supplies	260,000.00	50,000.00			310,000.00
f. Contractual	1,000,000.00	250,000.00			1,250,000.00
g. Construction	0.00	0.00			0.00
h. Other	200,000.00	50,000.00			250,000.00
i. Total Direct Charges (sum of 6a-6h)	2,222,000.00	561,500.00	0.00	0.00	2,783,500.00
j. Indirect Charges	426,600.00	108,450.00			535,050.00
k. TOTALS (sum of 6i and 6j)	\$ 2,648,600.00	\$ 669,950.00	\$ 0.00	\$ 0.00	\$ 3,318,550.00
7. Program Income	\$	\$	\$	\$	\$ 0.00

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<b>SECTION C - NON-FEDERAL RESOURCES</b>					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$ 0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
<b>SECTION D - FORECASTED CASH NEEDS</b>					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
<b>SECTION F - OTHER BUDGET INFORMATION</b>					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.  
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

### Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

**Line 5** - Show the totals for all columns used.

### Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

**Line 6a-i** - Show the totals of Lines 6a to 6h in each column.

**Line 6j** - Show the amount of indirect cost.

**Line 6k** - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

**Line 7** - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

## INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

### Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

## Budget Narrative Instructions

In order to allow reviewers to fully evaluate the appropriateness of costs, all applications must include a detailed budget narrative and a justification to support all proposed budget categories for each fiscal year. Personnel costs should be broken out by named PI and number of months requested per year per PI. Support for each PI should be commensurate with their stated involvement each year in the milestones chart (see Required Elements (f) Milestone chart)

Any unnamed personnel (graduate students, post-doctoral researchers, technicians) should be identified by their job title, and their personnel costs explained similar to PI personnel costs above. The contribution of any personnel to the project goals should be explained. Describe products/services to be obtained and indicate the applicability or necessity of each subaward and contractor. Travel costs should be broken out by number of people traveling, destination and purpose of travel, and projected costs per person. Equipment costs should describe the equipment to be purchased, and its contribution to the achievement of the project goals. For additional information concerning each of the required categories and appropriate level of disclosure please see

[http://www.cop.noaa.gov/opportunities/grants/other\\_instructions.html](http://www.cop.noaa.gov/opportunities/grants/other_instructions.html).

Any ship time needs must be clearly identified in the proposed budget. The applicant is responsible for requesting ship time through appropriate channels and for meeting all requirements to ensure the availability of requested ship time. Copies of relevant ship time request forms (e.g. UNOLS ship request forms at

<http://www.gso.uri.edu/unols/ship/mainmenu.html>, should be included with the proposal.

If any NOAA personnel will be present during ship operations, vessel safety clearances must be obtained through the NOAA Office of Marine and Aviation Operations (OMAO) in advance of the cruise. Required information and procedures are detailed in a Charter Vessel Acquisition and Safety NOAA Administrative Order which can be accessed via the OMAO website at <http://www.oma.noaa.gov/charterreq.html>.

A separate budget justification is required for each institution in a multi institutional project and for each subcontract. Signed approval from each subaward and contractor's institution is also required.

The budget narrative submitted with the application must match the dollar amounts on all required forms. Please explain each calculation and provide a narrative to support each budget category. (In other words, Block 15 on the SF-424 must equal total costs identified on the Budget Information SF-424A form which must match the budget narrative.)

### Personnel:

- a. Includes salary and wages (fringe benefits are listed separately)
- b. Provide breakdown of personnel by classification (i.e., job title)
- c. Identify key investigators (if applicable)
- d. State time commitments in hours or percent of time for each person/position
- e. List total charges for each person/position with calculations of costs as Federal and/or Non-Federal
- f. All personnel costs must be allowable
- g. Special considerations to be explained (if applicable)

### **Fringe Benefits:**

- a. Identified separately from salaries/wages
- b. Provide description of benefits received by personnel when the fringe rate is more than 35% of the associated salary
- c. Ensure the fringe benefits are charged to Federal and Non-Federal (matching/cost-share) categories in the same proportion as salaries
- d. Do not charge separately any costs that are included within the fringe rate or indirect costs

### **Travel:** (Always a big Audit item)

Provide breakdown of travel costs as follows:

- a. Destination
- b. Estimated costs and type of transportation
- c. Number of travelers and related lodging and subsistence (per diem costs)
- d. Briefly describe the travel involved, its purpose, and explain how the proposed travel is necessary for successful completion of the project

(Other travel considerations:)

- a. If travel details are unknown, then the basis for proposed costs should be explained (i.e., historical information) - do not "pull numbers out of the air" or list a lump sum estimate.
- b. Travel costs can be charged on an actual basis, on a per diem or mileage basis in lieu of actual costs incurred, or a combination of the two if applied consistently and results in reasonable charges.
- c. Remember "Fly America Act"
  - a. Limits the use of foreign flag carriers not foreign travel
  - b. Waiver only allowed for specific instances and may require prior approval

### **Equipment:**

- a. "Equipment" is non-expendable, tangible personal property with a unit cost of \$5,000.00 or more and has useful life of more than one year, unless determined otherwise by recipient internal policy.
- b. Items that do not meet the "Equipment" definition can be included under supplies
- c. List each piece of equipment to be purchased and provide description of how it will be used in the project
- d. Budget narrative should explain why the equipment is necessary for successful completion of the project
- e. General use equipment (i.e., computers, faxes, etc.) must be used 100% for the proposed project if charged directly to the grant

### **Supplies:**

- a. Explanation necessary for supplies: costing more than five thousand dollars, or five percent of the award, whichever is greater.
- b. Requirements for supplies which exceed thresholds are:
  - Explain the type of supplies to be purchased, or the nature of the expense in the budget narrative;

- Provide a breakdown of supplies by quantity and cost per unit if known;
- Indicate basis for estimate of supplies - i.e., historical use on similar projects.

**Contractual:**

- a. Treat each contract or subgrant as a separate item.
- b. Describe products/services to be obtained and indicate the applicability or necessity of each to the project.
- c. Provide separate budgets for each subgrant or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative.
- d. List all grant or contract costs under the Contractual Line Item on the SF 424-A.
  - Example - do not incorporate the Indirect costs of a subgrantee under the indirect costs line item for the applicant/grantee.

**Other:**

- a. List items by type of material or nature of expense.
- b. Break down total costs by quantity and cost per unit if applicable.
- c. State necessity of other costs for successful completion of the project.
- d. Exclude unallowable costs.
  - Alcohol
  - Contingency
  - Entertainment
  - Fund Raising

**Indirect Costs:**

- a. Should be based on an approved Indirect Rate Agreement (IRA) from cognizant Federal Agency:
  - If indirect costs are proposed in the budget, then a current IRA is required. Please provide the current IRA to the CSCOR office.

## KEY CONTACTS FORM

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Payee:** *Individual authorized to accept payments.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Administrative Contact:** *Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Principal Investigator:** *Individual responsible for the technical completion of the proposed work.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web URL: \_\_\_\_\_

## NOTICE

All NOAA COP applicants be asked to submit a COP Key Contact form in the specified format upon application submission. The use of the Key Contact format will provide the applicants contact information and is compatible with the format in use by other agencies.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the National Ocean Service, CSCOR/COP Office, 1305 East-West Highway, Silver Spring, MD 20910. Grant files are subject to the Freedom of Information Act (FOIA). Confidentiality will not be maintained--the information will be made available to the public. However, unpublished research results shall not be published without prior permission from the recipient.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

# CURRENT AND PENDING SUPPORT FORM

OMB Approval: 0648-0384  
Expiration Date: 12/31/2016

<i>The following information must be provided for each investigator and other senior personnel. Failure to provide this information may delay consideration of this proposal.</i>				
Investigator:	Other agencies to which this proposal has been/will be submitted: None			
Support:	Current <input type="checkbox"/>	Pending <input type="checkbox"/>	Submission Planned in Near Future <input type="checkbox"/>	*Transfer of Support
Project/Proposal Title:	No other projects at this time.			
Source of Support:				
Total Award Amount: \$		Total Award Period Covered:		
Location of Project:				
Months of Your Time Committed to the Project:	FY 16	FY 17	FY 18	Sum:
Support:	Current	Pending	Submission Planned in Near Future	*Transfer of Support
Project/Proposal Title:				
Source of Support:				
Total Award Amount: \$		Total Award Period Covered:		
Location of Project:				
Months of Your Time Committed to the Project:	FY 16	FY 17	FY 18	Sum:
Support:	Current	Pending	Submission Planned in Near Future	*Transfer of Support
Project/Proposal Title:				
Source of Support:				
Total Award Amount: \$		Total Award Period Covered:		
Location of Project:				
Months of Your Time Committed to the Project:	FY 16	FY 17	FY 18	Sum:
Support:	Current	Pending	Submission Planned in Near Future	*Transfer of Support
Project/Proposal Title:				
Source of Support:				
Total Award Amount: \$		Total Award Period Covered:		
Location of Project:				
Months of Your Time Committed to the Project:	FY 16	FY 17	FY 18	Sum:
*If this project has previously been funded by another entity, please list and furnish information for immediately preceding funding period.				

(USE ADDITIONAL SHEETS AS NECESSARY)

## NOTICE

All NOAA COP applicants be asked to submit a COP Current and Pending form in the specified format upon application submission. The use of the Current and Pending format provides the current funding status for each applicant allowing for a complete merit review. This form is compatible with the format in use by other agencies.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the National Ocean Service, CSCOR/COP Office, 1305 East-West Highway, Silver Spring, MD 20910. Grant files are subject to the Freedom of Information Act (FOIA). Confidentiality will not be maintained--the information will be made available to the public. However, unpublished research results shall not be published without prior permission from the recipient.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

## **List of Collaborators**

Provide one EXCEL spreadsheet that includes all (US and Foreign) collaborators, advisors, and advisees for each investigator (principal and co-principal investigators, post-docs, and subawardees), complete with corresponding institutions. Submit only one, combined and alphabetized spreadsheet per proposal. Collaborators are individuals who have participated in a project or publication within the last 48 months with any investigator, including co-authors on publications in the resumes. Collaborators also include those persons with which the investigators may have ongoing collaboration negotiations. Advisees and Advisors do not have a time limit. Advisees are persons with whom the individual investigator has had an association as thesis advisor or postdoctoral sponsor. Advisors include an individual's own graduate and postgraduate advisors. Unfunded participants in the proposed study should also be listed (but not their collaborators). This information is critical for identifying potential conflicts of interests and avoiding bias in the selection of reviewers.

Check the FFO for other details.

## **Indirect Rate Agreement**

If indirect rate charges are applied to the budget, please provide the indirect rate agreement between the institution and the cognizant Federal agency.

Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 15 CFR Part 28, 'New Restrictions on Lobbying.' The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Commerce determines to award the covered transaction, grant, or cooperative agreement.

**LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 15 CFR Part 28, for persons entering into a grant, cooperative agreement or contract over \$100,000 or a loan or loan guarantee over \$150,000 as defined at 15 CFR Part 28, Sections 28.105 and 28.110, the applicant certifies that to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, 'Disclosure Form to Report Lobbying,' in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure occurring on or before October 23, 1996, and of not less than \$11,000 and not more than \$110,000 for each such failure occurring after October 23, 1996.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification.**

\* NAME OF APPLICANT

[Redacted]

\* AWARD NUMBER

[Redacted]

\* PROJECT NAME

[Redacted]

Prefix:

[Redacted]

\* First Name:

[Redacted]

Middle Name:

[Redacted]

\* Last Name:

[Redacted]

Suffix:

[Redacted]

\* Title:

[Redacted]

\* SIGNATURE:

Completed by Grants.gov upon submission.

\* DATE:

Completed by Grants.gov upon submission.

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

In any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, 'Disclosure Form to Report Lobbying,' in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure occurring on or before October 23, 1996, and of not less than \$11,000 and not more than \$110,000 for each such failure occurring after October 23, 1996.

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.



9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED



# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> :  Congressional District, <i>if known</i> :	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, <i>if known</i> :	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.